State Quality Improvement (QI) Admission/Discharge Coding

(Effective with new admissions 10/1/2004)

CLIENT QI DATA

Definition of a Client

A **client** is defined as a person who has been admitted for treatment of his/her own drug or alcohol problem. A co-dependent/collateral is defined as a person who has no alcohol or drug abuse problem, but is seeking services because of problems arising from his or her relationship with an alcohol or drug user, has been formally admitted to a treatment unit, and has his or her own client record or a record within a primary client record. Every admission and discharge record must indicate co-dependency/collateral status.

Definition of a Treatment Episode

For purposes of identifying the circumstances under which data should be submitted, MDCH assumes a simplified process model of treatment services delivery related to substance abuse. Basic to this model is a treatment episode, which is defined as the period of service between the beginning of a treatment service for a drug or alcohol problem and the termination of services for the prescribed treatment plan. The first event in this episode is an admission and the last event is a discharge. Any change in service and/or provider during a treatment episode should be reported as a discharge, with transfer given as the reason for termination. The subsequent admission can be reported in the admissions data system with a Client Record Type code of "T" for transfer. For reporting purposes, "completion of treatment" is defined as completion of all planned treatment for the current treatment episode. Completion of treatment at one level of care or with one provider is not "completion of treatment" if there is additional treatment planned or expected as part of the current treatment episode.

Reporting of a Discharge

When a client “completes” a treatment service and a “discharge” occurs, this event is to be reported. In circumstances where the provider does not initiate the termination, it may not be apparent until after the fact. For example, the facility may lose contact with a client and some time may elapse before this is noticed. As a guideline in such circumstances, a **treatment episode is assumed to have ended at the time the client has not been seen for 3 days for residential treatment, and 30 days in the case of outpatient care**. MDCH recognizes that some adjustments may be required to these guidelines to accommodate individual CA practices. In all cases, the date of discharge should revert to the last date of face-to-face contact.

1. **Record Type**
   A = Admission D = Discharge T = Transfer

   An Admission (A) Record Type refers to the first face-to-face event in an episode of care.

   A Discharge (D) Record Type is submitted both when a client completely terminates treatment and when a client completes a Level of Care (LOC). When continuing on in treatment, the Discharge Reason reported should be 06, "Completed LOC-Transfer/Continuing Treatment."

   A Transfer (T) Record Type can be accepted only if the preceding discharge occurred within 30 calendar days of the date of transfer. A Transfer indicates a change in either provider or LOC.

2. **Submission Type**
   A = Add C = Change D = Delete

   Most submissions will be Add records. Changes and Deletes are used to modify or remove an existing record previously submitted and accepted into the database.

3. **CA Payer ID**

174462881	Bay-Arenac	174456919	Macomb
174459975	Kalamazoo	174458216	Pathways
174464053	Genesee	174455644	Lakeshore
174458190	Mid-South	174464080	Kent
174458207	Northern	174456937	Oakland
174454718	Saginaw	174458243	SEMCA
174456928	Thumb	174463350	Western UP
174456991	Detroit	174454709	Washtenaw
174400017	Salvation Army Harbor Light		

4. **License Number** - Enter valid Consumer & Industry Services Substance Abuse licensing file number (6 characters). This identifies the provider of the drug or alcohol abuse treatment.

5. **Social Security Number** - 9 characters. Numeric. For client receiving treatment.

6. **CA Client Identifier** - Enter the client identifying number assigned by the CA and unique within the CA --11 characters. Numeric.

This client identifying number must be able to be linked to the client ID number reported for the unique client across all records: Treatment Admission, Treatment Discharge, and the 837 Encounter Record. There must be a number here.

7. **Medicaid Identifier** - Enter the Medicaid ID number. Leave blank if not applicable. 8 characters. Numeric. Use if client has a known Medicaid ID. Placing the Medicaid ID in this field does not indicate that Medicaid funds were involved in payment nor does the existence of the Medicaid ID imply that the client is still enrolled or eligible in Medicaid.

8. **Admission Type** – 1=First admission 2=Readmission
Refers to the number of admissions the provider identified under license number.

9. **Co-Dependent** – 1=Yes 2=No
(Non-User and/or significant other/adult child - must be coded in Other Factors)

Specifies whether the admission is for a substance abuse treatment client, or a person being treated for his/her dependency or collateral relationship with a substance abuser.

10. **Date of Admission** – CCYYMMDD (Example: October 15, 2004 is 20041015)
This is the first face-to-face treatment contact following AAR or other LOC screening activity.

11. **Service Category** - both admission and discharge

    11 Outpatient
    21 Residential - Detoxification
    22 Residential - Short-term (no more than 29 days)
    24 Residential - Long-term (30 days or more)
    31 Intensive Outpatient

12. **Number of Prior Treatments Episodes** - Number as reported. Includes only treatment admissions and not assessment services. These should be episodes and not changes in levels of care.

13. **Referral Source** –This is the self-reported answer to the question, “Who directed you to this program?”

From Substance Abuse Program

01 Outpatient
05 Residential: Detoxification
06 Residential
09 Intensive Outpatient
10 Hospital: SA Program
13 AAR
14 Other SARF
18 Prevention
29 Other SA Program

Individual

30 Self
39 Family/Friend/Relative
47 Substance Abuse Client

Other Health Care Provider

37 Mental Health
45 Physician
46 Hospital (non-substance abuse)

Other Community Referral

36 Lawyer
38 Family Independence Agency
40 Other Human Services
41 Employer
42 Union
43 Clergy
44 School
48 Alcoholics Anonymous
90 Other (specify)

Court/Criminal Justice

20 Drug Court-Adult
21 Drug Court-Adolescent
22 Community Corrections (PA 511)
31 Family Court

32 Court
33 Probation/Parole
34 Police
35 Secretary of State
49 Michigan Department of Corrections

14. **County of Residence** - See Appendix d.5 in Supplemental Instructions for codes. This is not the field to use to describe a person as "homeless" (code 96). Even if the client has no fixed address and is, in fact, homeless, please code the county in which he/she is receiving services. Homelessness should be noted in Living Arrangement.

15. **Date of Birth** - CCYYMMDD

16. **Sex** - 1 = Male 2 = Female

17. **Race**

1 Native American - American Indian, Eskimo, and Aleut, having origins in any of the native peoples of North America.

2 Asian or Pacific Islander - A person having origins in any of the original peoples of the far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

3 African American/Black - A person having origins in any of the Black racial groups of Africa.

4 White - A person having origins in any of the original peoples of Europe.

5 Hispanic - A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America.

6 Multi-racial - A person having origins in more than one of the other categories listed here.

8 Arab American - A person having origins in any of the original peoples of North Africa and West Asia.

9 Refused to provide.

0 Unknown

18. **Ethnicity**

0	Not one of listed groups	3	Cuban
1	Puerto Rican	4	Other Hispanic
2	Mexican	5	Arab/Chaldean

19. **Marital Status**

1 Never married –Includes clients whose ONLY marriage was annulled.
2 Married/Cohabiting
3 Widowed
4 Divorced
5 Separated – Includes those separated legally or otherwise absent from spouse due to marital discord.

20. **Military Status** – 1 = Yes 2 = No

21. **Education** - 00 to 25. This is the number of years of education completed (i.e. 4 years of college = 16)

22. **Currently in Training/Education**

4 In training or education program (in school)
6 In special education
7 Is attending undergraduate college
0 Not Applicable

23. **Employment Status**
Reported status on the date of admission or date of discharge.

1 Employed, Full-time (working 35 hours or more each week).

2 Employed, Part-time (working fewer than 35 hours each week).

3 Unemployed - laid off, fired, seasonal, actively sought work in last 30 days.

4 Not in the Competitive Labor Force - Includes homemaker, student age 18 and over, day program participant, disabled, resident or inmate of an institution (including nursing home).

6 Retired from work.

8 Not Applicable to the Person (e.g. child under age 18).

24. **Substance Abuse History** - The following coding applies to Primary, Secondary and Tertiary Substances. They cannot be the same drug.

Substance Problem Codes—These identify the client's substance problem(s).

00	None	43	Methamphetamines
10	Alcohol	44	Other Amphetamines
20	Heroin	45	Methcathinone
21	Methadone (illicit-see note)		
22			
		50	Hallucinogens
22	Other Opiates or Synthetics	51	PCP
30	Barbiturates	52	Marijuana/Hashish
31	Other Sedatives or Hypnotics	53	Ecstasy (MDMA, MDA)
32	Other Tranquilizers	54	Ketamine
		60	Inhalants
33	Benzodiazepines	61	Antidepressants
34	GHB, GBL	70	Over-the-counter
41	Cocaine	72	Steroids
		81	Talwin and PBZ
42	Crack Cocaine	91	Other

Note on methadone (illicit) coding: Code 21 should only be used to report *abuse of illegally obtained methadone,* as in cases of methadone diversion from treatment programs. Previous data submissions and subsequent investigations revealed that some programs were using code 21 for the primary drug for persons transferring from one methadone program to another; this is not the appropriate code as it does not represent illicit use, but prescribed and legally administered methadone. Methadone should not be reported as a substance of abuse solely on the basis of the client's previous methadone treatment. Drug code 21 should be used for only those currently abusing illegally obtained methadone.

25. **Route of Administration** (most frequent route for each drug coded above). Make sure route coded is appropriate for drug code above: eg. Alcohol cannot be smoked, marijuana cannot be injected, etc.

0 = Not Applicable (drug code was none)
1 = Oral
2 = Smoking
3 = Inhalation/Intranasal ("snorting")
4 = Injection
5 = Other

Do not use code 5 (other) for multiple routes of administration; determine the most frequent route and code that.

26. **Age at First Use** - 2-digit age
(Do not report that age of first use occurred before birth.)

98 = Not Applicable (drug code was none)

27a. **Frequency of Use (at Admission)**

00 = No use in the last month where client had opportunity to use
02 = 1-3 times a month
06 = 1-2 times a week
18 = 3-6 times per week
30 = Daily

Frequency of use is intended to capture the time frame when the client was using and had the opportunity to use. If the client was recently in a controlled setting, then the question should be asked about the period preceding confinement or incarceration. In effect, the question is this: "When you were actively using, how often did you use?" The intent of this item is not to let a technicality or a 30-day limit mask the frequency and intensity of use. Federal Block Grant outcome performance measures seek to compare use at the start of treatment to use at its conclusion. It is understood that not 100% of all clients will show use, but clinicians should make an effort to document use patterns when there was an opportunity to use.

27b. **Frequency of Use (at Discharge)**

00 = No use
02 = 1-3 times
06 = 1-2 times a week
18 = 3-6 time per week
30 = Daily

Use the 30-day window directly preceding the date of discharge.

28. **Initially a prescription** - 0 = Not Applicable 1 = Yes 2 = No
Drug was prescribed for the client and nobody else.
0 Not Applicable (drug code was none)

29. **Total Annual Income** - 6 digits, round to the nearest whole dollar, no decimal points or commas.

Total annual income should not be confused with determining ability to pay. This section should be an estimate of income for 12-months prior to admission. Only legally earned taxable and non-taxable income should be reported.

Indicate the total amount of gross income of the individual client if he/she is single; or that of the client and his/her spouse if married; or that of the parent(s) of a minor client for one year prior to admission.

Enter zero (0) if consumer reports no income for the past 12-months.

Enter 999998 if unreported.

30. **Number of Dependents** - 2-digit number
Enter the number of dependents, including self, which were claimed for income tax purposes. Enter the number of persons that are dependent upon client's income.

This does not relate to item above (#29).

31. **Corrections Related Status**
For persons under the jurisdiction of a corrections or law enforcement program during treatment, indicate the location/jurisdiction involved at the time of admission.

00 = no status with corrections system
01= in prison
02 = in jail
03 = paroled from prison
04 = probation
05 = juvenile detention center
06 = court supervision
08 = awaiting trial
09 = awaiting sentencing
10 = refused to provide information
98 = unknown

32. **Arrest History**
For the 6 months prior to admission date:

Total Arrests - 2 digits
Possession/sale Arrests - 2 digits
DUI/DWI Arrests - 2 digits

For the 5 years prior to admission date:

Total Arrests - 2 digits
Possession/sale Arrests - 2 digits
DUI/DWI Arrests - 2 digits

Code 00 if no arrests in any category.

Note that the 6-month arrests in any category should not exceed the 5-year number of arrests. Arrests for the 5-year categories should equal or exceed the 6-month category totals.

33. **Living Arrangement**

1 = Independent -- Includes persons with fixed addresses living independently; includes adult children living at parents address.

2 = Dependent -- Includes dependent children living with parents, juvenile wards of the court, or adults living in a supervised setting such as a halfway house, group home, or correctional facility.

3 = Homeless -- Includes persons with no fixed address, including residents of shelters.

34. **Opioid Treatment Program (Methadone Part of Treatment)**

1 = Yes (Methadone) 2 = No 3 = Burprenorphine

35. **Diagnosis** - Primary and Secondary (cannot be the same)

DRUG CODE	DRUG	DIAGNOSIS CODE	DIAGNOSIS
00	None	000.00	N/A
10	Alcohol	305.00 291.10 303.90 291.30 291.40 303.00 291.00 291.20 291.80	Alcohol abuse amnestic disorder dependence hallucinosis idiosyncratic intoxication intoxication withdrawal delirium Dementia associated with alcoholism Uncomplicated alcohol withdrawal
20 21 22	Heroin Methadone (non-Rx) Other Opiates/Synthetics	305.50 304.00 292.00	Opioid abuse/intoxication dependence withdrawal
30 31 32 33 34	Barbiturates Other Sedatives/Hypnotics Other Tranquilizers Benzodiazepine GHB, GBL	305.40 292.83 304.10 292.00	Sedative, hypnotic, or anxiolytic abuse/intoxication amnestic disorder dependence withdrawal delirium
41 42	Cocaine Crack Cocaine	305.60 292.81 292.11 304.20	Cocaine abuse/intoxication delirium delusional disorder dependence

DRUG CODE	DRUG	DIAGNOSIS CODE	DIAGNOSIS
		292.00	withdrawal
43 44 45	Methamphetamines Other Amphetamines Methcathinone ("cat")	 305.70 292.11 292.81 304.40 292.00	Amphetamine or similarly acting sympathomimetic abuse/intoxication delusional disorder delirium dependence withdrawal
50	Hallucinogens	 305.30 292.11 305.30 292.84 292.89	Hallucinogen abuse/hallucinosis delusional disorder dependence mood disorder Posthallucinogen perception disorder
51	PCP	 305.90 292.81 292.11 304.50 292.84 292.90	Phencyclidine (PCP) or similarly acting arylcyclohexylamine: abuse/intoxication delirium delusional disorder dependence mood disorder organic mental disorder NOS
53 54	Ecstasy Ketamine	305.90 292.81 292.11 304.50 292.84 292.90	abuse/intoxication delirium delusional disorder dependence mood disorder organic mental disorder NOS
52	Marijuana/Hashish	 305.20 292.11 304.30	Cannabis abuse/intoxication delusional disorder dependence
60	Inhalants	 305.90 304.60	Inhalant abuse/intoxication dependence
61	Antidepressants	 305.90 292.83 292.89 292.81 292.11 292.82 292.12 292.84 292.90	Other or unspecified psychoactive substance abuse/intoxication amnestic disorder anxiety disorder delirium delusional disorder dementia hallucinosis mood disorder organic mental disorder NOS

DRUG CODE	DRUG	DIAGNOSIS CODE	DIAGNOSIS
		292.89	personality disorder
		292.00	withdrawal
		304.90	Psychoactive substance dependence NOS
70 72	Over-the-Counter Steroids	305.90	Caffeine intoxication
		305.90	Other or unspecified psychoactive substance
			abuse/intoxication
		304.90	Psychoactive substance dependence NOS
81	Talwin and PBZ		Opioid
		305.50	abuse/intoxication
		304.00	dependence
		292.00	withdrawal
91	Other		Nicotine
		305.10	dependence
		292.00	withdrawal
			Other or unspecified psychoactive substance
		305.90	abuse/intoxication
		292.83	amnestic disorder
		292.89	anxiety disorder
		292.81	delirium
		292.11	delusional disorder
		292.82	dementia
		292.12	hallucinosis
		292.84	mood disorder
		292.90	organic mental disorder NOS
		292.89	personality disorder
		292.00	withdrawal
		304.90	Psychoactive substance dependence NOS
Polysubstance (Must specify <u>at least</u> a primary and a secondary drug from list above)		304.80	Polysubstance dependence

SOURCE: Most Current *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition), American Psychiatric Association

36. **Pregnant at admission**

1 = Yes 2 = No

37. **Other Factors** - Up to three should be coded if present at admission.

2 Adult Child - A person 18 years or older who has one or more

parent(s)/guardian(s) who were chemically dependent while the person was growing up and who may be exhibiting dysfunctional behavior.

3 Significant Other - Spouse, child, partner.

4 Hearing Impaired - Hearing loss is sufficient enough to require the use of hearing aid(s) and/or alternative communication modes.

5 Visually Impaired - Permanent visual impairment is severe enough to require adjustments in style of living.

6 Head Injury - Concussions or other forms of mild or moderate brain injury.

7 Developmentally Disabled - Significantly sub-average general intellectual functioning.

8 Mobility Impaired - Permanently impaired enough to require adjustments in style of living

0 None

38. **Time Waiting to Enter Treatment** (since the original request made) - 3 digit number (days)

This indicates the number of days that elapsed from the first time the client contacted a treatment agency until he or she began to receive treatment services. Excluded are time delays resulting from client's failure to comply with administrative procedures or to meet other obligations

39. **Primary Language Spoken**
Enter three-letter ISO/NISO 639 2 (B) code of the primary language the individual speaks. If he/she does not speak at all, enter the language he/she understands

40a. **Indication of Mental Health Issues (at Admission)**

1 = Yes 2 = No

Enter "yes" if any reported or suspected mental health issues are present at the time of admission. This determination must be made on a standard instrument or process.

40b. **Mental Health Issues Identified During the Course of Treatment (at Discharge)**

0 = None Identified

1 = Mild/Moderate - Mental health issues are present but not at the level outlined below under severe.

2 = Severe - Substantial disorder of thought or mood that significantly impairs

judgment, behavior, capacity to recognize reality or ability to cope with the ordinary demands of life.

Items 40a and 40b are intended to capture, both for state and federal reporting, those clients who are identified as "co-occurring". The discharge record has more specificity because more information about the presence of mental health issues will be available at discharge than at the initial admission.

41. **Drug Court Client**

1 = Yes 2 = No

Indicate whether or not this client is involved with any type of drug court. This is a "selection" item for DCH purposes and will be used instead of the referral source to identify and distinguish drug court admissions.

42. **Discharge Reason**

01 Completed Treatment
02 Left Against Staff Advice
03 In Jail
04 Staff Decision for Rules Violations
05 Death
06 Transfer/Continuing Treatment
07 Mutual Staff/Client Decision
08 Early Jail Release
09 Client Relocated
10 Program Closed/Merged
11 Other

Under the episode model, "Completed Treatment" (01) is used only when a client satisfactorily completes the treatment indicated in the individual treatment plan. When "Continuing in Treatment/Transfer" (06) is used, the subsequent record can be submitted as either an Admission (A) or a Transfer (T) record. The Transfer record date of service must be within 30 calendar days of the preceding discharge.

For reporting purposes, "Completion of Treatment" is defined as completion of all planned treatment for the current episode. Completion of treatment of one level of care or at one provider is not "completion of treatment" if there is additional treatment planned or expected as part of the current treatment episode.

Further Guidance:

01) Completed Treatment is used only when a consumer is not being referred to any other level of substance abuse treatment. AA/NA is not considered substance abuse treatment. Example: Successful completion of outpatient treatment.

"Completed treatment" is an appropriate code for clients who have self-terminated after significant engagement in treatment and after serious work on the treatment plan objectives. Example: Client has decided that he/she has had sufficient treatment and coding the reason for discharge as complete is the most accurate description of the episode.

02) Left against staff advice is used when the program is willing to continue treatment services, but the client stopped showing up for planned substance abuse treatment.

03) In jail is used as the reason when the client's incarceration precludes treatment from continuing.

04) Staff decision for rules violations is self-explanatory.

05) Death is also self-explanatory.

06) Completed LOC -Transfer/Continuing Treatment is used when a client has changed LOC and is expected to continue in substance abuse treatment with the same or a new provider as documented in the discharge plan. Example: Residential to outpatient. It also can be used to "discharge" a client whose funding has stopped, but who is still actively in treatment.

07) Mutual Staff/Client Decision is used when substance abuse treatment is incomplete, but there is a mutual decision to terminate treatment.

08) Early Jail Release is used when a client is being treated in a jail setting and he/she does not continue after release.

09) Client Relocated is used when treatment terminates because of the physical move.

10) Program Closed/Merged is used when no further services are provided at that provider license number.

11) Other is used for any instances not covered in items 1 through 10, but should not include the situation where funding stops; but the client remains in treatment. "Other" still describes a situation where the actual treatment has terminated.